

**DRAFT SPD FOR THE ROYAL BROMPTON HOSPITAL MARCH 2014**  
**COMMENTS OF THE KENSINGTON SOCIETY**

I am writing on behalf of the Kensington Society to express our concerns about how the Council is seeking to justify a departure from the development plan – the London Plan and the Council's Core Strategy – through a Supplementary Planning Document rather than through the Development Plan which would enable the legality of these proposals to be tested for soundness.

The Society's main concerns about this draft SPD are:

- **the document is written in a manner which is geared to facilitate the specific development that the Royal Brompton Hospital say they propose to develop.** There is nothing in the Core Strategy which supports these proposals;
- **the proposals would be in conflict with the London Plan Policies 2.1, 3.16, and 3.17;**
- **the proposals would conflict with the Borough's own Core Strategy Policy CK1 to "protect land and/or buildings where the current use is or last use was a social or community use for re-use for the same, similar or related use";**
- **the draft document misconstrues the wording of Core Strategy Policy CK1;**
- **no evidence has been presented on the cost of building the proposed new hospital as opposed to accumulating funds for alleged longer-term plans for refurbishing the existing hospital; and**
- **loss of housing through conversion of houses currently in flats into single-family houses.**

The Society considers that:

- **Draft SPD is designed as a vehicle for redeveloping the Royal Brompton Hospital's estate – not to promote London's leading position in the health field:**

The Society is concerned about the success of **all** our hospitals and their contribution to maintaining London's leading position as centre of excellence for medicine. The Society is concerned to see both the Royal Brompton Hospital build a new hospital **and** for the Royal Marsden Hospital expand – to secure the future of both hospitals as world leaders in their fields. This is recognised in the Borough's Core Strategy in paragraph 13.3.10, which says:

"The hospitals in the area, including The Royal Marsden and Royal Brompton Hospitals, will be supported as they provide both a local as well as a national and international health care function."

The draft SPD fails to address this – it solely geared to maximising the value of the estate of the Royal Brompton and Harefield Trust, which may be an appropriate aim for the trustees of the Trust, but inappropriate for an SPD. The Royal Brompton have paid the Council over £200,000 to enable this SPD to be produced and were undoubtedly primarily informed about the Royal Brompton Hospital's proposals by the Hospital and its planning consultants (DP9). It appears to have been written as a promotional document.

### **Conflict with the London Plan**

**London Plan Policy 2.1** seeks to promote London's global role as a centre for world-class health facilities – this applies as much to the Royal Marsden as to the Royal Brompton. This would support the Borough trying to help **both** hospitals, not design an SPD to solely favour the Royal Brompton Hospital. The Council should be seeking to retain and extend the global role of the Borough's hospitals – in this case taking the opportunity to promote the Royal Brompton Hospital and the Royal Marsden Hospital by enabling **both** hospitals to expand to and maintaining key buildings in hospital use – in accord with the Council's own policy (CK1).

**London Plan Policies 3.16 and 3.17** require the Council to:

- o **promote the continued role and enhancement of London as a national and international centre of medical excellence and specialised facilities (3.17F)**
- o **If the current use of a facility is no longer needed, take reasonable steps to identify alternative community uses where the needs have been identified (3.16E)**

### **Misconception about Policy CK1**

The social and community use runs with the land and the policy is very clear that it relates specifically to the protection of land and/or buildings where the current or last use was a social or community use, for re-use for the same, similar or related use. This means that, regardless of whether a large amount of additional additional hospital space is proposed on another site, the decision to be made for disposal of a site in hospital use is still subject to the sequential test with regard to the proposed change of use. It makes no difference that there could even be an increase in hospital floorspace elsewhere in the area, the issue is whether there is still an outstanding need for hospital space. In the case of the Fulham Wing, there is a strong need for space for the neighbouring Royal Marsden Hospital to expand. This means in terms of policy CK1 any proposal for change of use to housing must be resisted. The Fulham Wing would offer 10,500sqm of hospital space, immediately adjoining the existing hospital. Even if not needed by the Royal Brompton Hospital it is still needed for hospital use.

Any suggestion of striking an area-wide balance – probably an invention of a planning consultant – demonstrates a misconception of the sequential approach to the disposal of health facilities and social or community in both the London Plan and the Royal Borough's Core Strategy. There is no scope for "trade-offs" whilst there is still a major need for the Fulham Wing in its current use as a hospital.

### **No information about the resources needed just to build the new hospital – rather than alleged longer-term projects**

There is no information on the cost of building and fitting out a new 25,500sqm hospital to justify the scale of change of use to super-prime housing explored/proposed in the draft SPD. The Society considers that until the need for this scale of change is clearly demonstrated, the Council should not be "trading-off" an extremely clear sequential test policy which is in effect a presumption in favour of retaining hospital use on the Fulham Wing site.

### **Loss of housing through conversion of houses in Foulis Terrace into single-family houses:**

The Society is concerned that the Council would be compromising its policy for retaining HMOs and even the diversity of size of units. Changing from an HMO housing hospital staff to private single-family houses would involve a considerable loss of housing units.

### **Implications for the Draft SPD:**

Whilst the Society supports the development of a new hospital on the site of the Sydney Street campus, we are totally unconvinced that this requires the disposal and change of use of the Fulham Wing for which there is a clear and continuing need for it to remain in hospital use.

Paragraph 1.7 of the draft SPD acknowledges that "to fund consolidation, the hospital would need to sell some buildings and redevelop other sites in its ownership."

The Society **objects** to the second sentence of para 1.7 as it seems to be not merely a factual statement but implying that the increase in total floorspace would result and that

would offset any “losses”. If that were the intention, it suggests a misunderstanding of how Policy CK1 should work.

Para 1.11: This mentions the London Plan, but fails to mention the policies that relate to this development.

Para 1.13: The Society **fundamentally objects** to the statement that “the plan taken as a whole therefore clearly meets the aims of Core Strategy CK1” - this is a fundamental misreading of the policy which does not deal in trade-offs but requires the retention of the existing social or community use (a hospital) if there is a clear continuing need for the use – which there is in this case. The new hospital does not justify the change of use of the Fulham Wing as long as there is still a clear and continuing need for it to remain in hospital use.

Para 1.14: Policy CK1 is very clear – it specifically deals with the existing or last use of a building or site and the sequential test relates to the successor user of that building or site. The question of change of use to housing would only arise if the preceding tests had been exhausted.

Para 1.15: The Society has not seen the Hospital’s viability report, but is concerned that the numbers being bandied around are far larger than the likely cost of a new 25,500sqm hospital. We understand that the Royal Brompton has suggested that more money may be needed to “refurbish” the existing hospital in Sydney Street in 10-15 years time. This is highly speculative and has been added to justify wider redevelopment than needed to enable the development of a new hospital. The Society **objects** to the apparent acceptance of the proposed direct conflict with CK1 with regard to the proposed change of use from hospital to housing of the Fulham Wing.

The Society **objects** to paras 2.54-2.65 about the Fulham Wing which would appear to be promoting a departure from the Development Plan – changing policy through an SPD

Finally, since these proposals seem to be promoting a departure from the development plan, these proposals to exempt these sites from the requirements of Policy CK1 these changes should be brought forward through a Development Plan Document where a departure from the plan could be debated properly. Attempting to override such a strong development plan policy through an SPD is unacceptable as well as premature. Such changes should be taken through an amendment to the Local Plan

## **ANNEX: London Plan Policies that apply to Hospitals/Social Infrastructure:**

### **POLICY 2.1 LONDON IN ITS GLOBAL, EUROPEAN AND UNITED KINGDOM CONTEXT Strategic**

- A The Mayor and the GLA Group will, and all other strategic agencies should, **ensure:**
1. **that London retains and extends its global role as a sustainable centre for business, innovation, creativity, health, education and research, culture and art and as a place to live, visit and enjoy;**
  - 2.

### **POLICY 3.16 PROTECTION AND ENHANCEMENT OF SOCIAL INFRASTRUCTURE Strategic**

- A **London requires additional and enhanced social infrastructure provision to meet the needs of its growing and diverse population.**

#### **Planning decisions**

- B **Development proposals which provide high-quality social infrastructure will be supported in light of local and strategic social infrastructure needs assessments.** Proposals which would result in a loss of social infrastructure in areas of defined need for that type of social infrastructure without realistic proposals for re-provision should be resisted.

**The suitability of redundant social infrastructure premises for other forms of social infrastructure for which there is a defined need in the locality should be assessed before alternative developments are considered.**

#### **LDF preparation**

**D LDFs should provide a framework for collaborative engagement with social infrastructure providers and community organisations:**

a for the regular assessment of the need for social infrastructure at the local and sub-regional levels; and

b **to secure sites for future provision or reorganisation of provision.** Where appropriate, boroughs are encouraged to develop collaborative cross-boundary approaches in the provision and delivery of social infrastructure.

E Boroughs should ensure that adequate social infrastructure provision is made to support new developments. **If the current use of a facility is no longer needed, boroughs should take reasonable steps to identify alternative community uses where the needs have been identified.** Adequate provision for social infrastructure is particularly important in areas of major new development and regeneration and should be addressed in opportunity area planning frameworks and other relevant area action plans.

F The Mayor will work with boroughs, relevant social infrastructure providers and the voluntary and community sector as appropriate to extend proposed supplementary guidance on social infrastructure requirements, especially at the sub-regional and London-wide levels.

The London Plan then sets out in para 3.88 the methodology boroughs should adopt:

Boroughs “may wish to develop, where appropriate, collaborative approaches to the provision and delivery of social infrastructure, and apply the following methodology:

- o carry out an audit of existing infrastructure taking into account the capacity, accessibility and quality of the infrastructure
- o identify future needs and demands on services using population and other forecasts and resources such as the findings of joint strategic needs assessment (Policy 3.17D)
- o identify any deficits and surplus provision based on existing and committed infrastructure
- o identify future requirements having regard to accessibility, models of integrated provision which use land effectively, and how provision might come forward
- o cost future infrastructure needs and assess available sources of funding
- o secure sites or buildings for future provision or reorganisation of existing provision
- o regularly monitor the delivery of services, availability against demand and quality of provision.

### **POLICY 3.17 HEALTH AND SOCIAL CARE FACILITIES**

#### **Strategic**

A The Mayor will support the provision of high quality health and social care appropriate for a growing and changing population, particularly in areas of underprovision or where there are particular needs.

#### **Planning decisions**

B Development proposals which provide high-quality health and social care facilities will be supported in areas of identified need, particularly in places easily accessible by public transport, cycling and walking. Where local health services are being changed, the Mayor will expect to see replacement services operational before the facilities they replace are closed, unless there is adequate justification for the change.

C Relevant development proposals should take into account the Mayor's Best Practice Guidance on Health Issues in Planning.

### **LDF preparation**

D In LDFs boroughs should identify and address significant health and social care issues facing their area for example by utilising findings from Joint Strategic Needs Assessments.

E Boroughs should ensure their public health team work with the local NHS, social care services and community organisations to:

a regularly assess the need for health and social care facilities at the local and sub-regional levels; and

b secure sites and buildings for, or to contribute to, future provision.

**F Boroughs should promote the continued role and enhancement of London as a national and international centre of medical excellence and specialised facilities.**